



Primary Household Member: _____

Utility Discount Program *Declaration of Insufficient or No Income Statement*

I, _____ declare that I received insufficient or no income for the month of: _____

I am: Supported by the Head of Household Receiving Cash Amount Other

Please list below the amount of money that you have received from outside sources such as agencies, family or friends so that you can pay your rent, bills and daily living expenses. Please note that you may or may not be required to provide further documentation.

Month Received:	Amount Received:	From Whom:

How will you meet your living expenses the next month?

I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request information from the Seattle Housing Authority, Sec 8, HUD, King County Housing Authority, other government agencies, or their delegated agents; this may result in receipt or denial of City benefits. Submitting this document does not guarantee eligibility or enrollment in any programs.

I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested. I understand that if I am found to be in violation of program rules, and receive assistance and have not truly disclosed all information, I will be removed from the program(s) and the City may recover the actual cost(s) for the periods that I was not eligible. I will notify the City of Seattle if my income or living situation changes.

Signature: _____ Date: _____

<p>Seattle Human Services Department Utility Discount Program 810 3rd Ave Suite 440, Seattle, Washington 98104 • Tel: (206) 684-0268 • Fax: (206) 621-5012 • UDP@seattle.gov</p>
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